Type: Invited Presentation

Final Abstract Number: 39.001
Session: Traveling Bugs, Far and Wide
Date: Saturday, April 5, 2014
Time: 15:45-17:45
Room: Room 2.60

Public health implications at the world's largest mass gathering: The 2013 Kumbh Mela

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The 2013 Kumbh Mela in India was attended by over 100 million visitors over a 55 day period. A team of public health researchers from the Harvard School of Public Health, in collaboration with local governmental and educational institutions, successfully piloted a real-time disease surveillance system tracking over 50,000 patient visits in a period of 3 weeks. This session will discuss the public health threats at the Mela and the context-specific, indigenous measures adopted by the government to combat disease outbreak, promote water safety and sanitation, and mitigate the risk of stampedes.

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Expatriates in Africa: Repatriation tales from the bush

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The presenter has been involved in expatiate health care in Africa since the early 1990s. This presentation will review how actual cases in practice compare with what is presented as conventional wisdom in travel health. For example: Is malaria in Sub-Saharan Africa the major risk it is viewed to be, do tropical diseases pose a major risk to expatriates and how troublesome is rabies in this context?

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The unexpected traveling companion: Interactive cases in migratory helminthiases

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Increasingly exotic travel for pleasure, business or science, coupled with ever more adventurous ethnic eating, means increased exposure of travellers to a variety of pathogens, including helminth parasites. In this contribution, several case reports highlight infections that may be well known in some parts of the world, but which presented as clinical and diagnostic challenges when they accompanied travelers either visiting or returning to South Africa.

A scientist investigating haemorrhagic fever ecology in West Africa reported minor, transient skin rashes and itching several months after returning from the field. A full blood count done for an unrelated reason showed a high eosinophil count, and blood film examination revealed the diagnosis.

A party of tourists enjoying a houseboat cruise on the Okavango presented with diarrhoea, abdominal pain, and painful migratory skin lesions on returning to South Africa a few days later. Their hosts in Botswana did an internet search and alerted them to earlier reports of a similar disease, which led to the likely diagnosis and appropriate treatment. A South African veterinarian, who had travelled to Thailand for a temple tiger experience, presented with the same condition.

A South African medical student spent a holiday in Mozambique, and on return complained of a pruritic, serpiginous lesion on the sole of her foot. Topical application of a veterinary remedy provided relief.

Two men, respectively Cameroonian and Malawian immigrants, presented in Johannesburg with red, irritated eyes. Clinical and laboratory investigations provided satisfactory diagnoses for both.

Most of these helminthic infections presented diagnostic surprises, usually reflecting lack of local clinical experience, and were also challenging because optimal laboratory investigations and treatment were not always available.

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